

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406):          TELEPHONE NO. : FAX NO. :		FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:			
NOTICE OF OPPOSITION AND NOTICE OF MOTION ON CLAIM OF EXEMPTION			
		LEVYING OFFICER FILE NO.:	COURT CASE NO.:

**- DO NOT USE THIS FORM FOR WAGE GARNISHMENTS -**

The original of this form must be filed with the court, and a copy must be served on the judgment debtor and other claimant at least 10 days before the hearing.

TO THE JUDGMENT DEBTOR OR OTHER CLAIMANT:

1. A hearing to determine the claim of exemption of ☐ judgment debtor ☐ other claimant will be held as follows:

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Div.:	<input type="checkbox"/> Room:
b. Address of court: <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify):				
<p><b>If you do not attend the hearing, the court may determine your claim based on the Claim of Exemption, Financial Statement (when one is required), this form, and other evidence that may be presented.</b></p>				

2. Name and address of judgment debtor:

3. ☐ Name and address of claimant  
(if other than judgment debtor):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social Security Number (if known):

4. The notice of filing claim of exemption states it was mailed on (date):

5. The item or items claimed as exempt are

- a. ☐ not exempt under the statutes relied upon in the *Claim of Exemption*.  
b. ☐ not exempt because the judgment debtor's equity is greater than the amount provided in the exemption.  
c. ☐ other (specify):

6. The local child support agency requests any property found to be exempt be applied to the satisfaction of the judgment under Code of Civil Procedure section 703.070.

7. The facts necessary to support item 5 are

- ☐ continued on the attachment labeled Attachment 7.  
☐ as follows (specify):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	LEVYING OFFICER FILE NO.:	COURT CASE NO.:
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**PROOF OF SERVICE BY MAIL**

1. I am over the age of 18, **not a party to this cause**, and a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
  
3. I served a copy of this motion by enclosing it in a sealed envelope and depositing the envelope ☐ directly in the United States mail with postage paid OR ☐ at my place of business for same-day collection and mailing with the United States mail, following our ordinary business practices with which I am readily familiar.
  - a. Date of deposit:
  - b. Place of deposit (*city and state*):
  - c. Addressed as follows:

4. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF PERSON COMPLETING THIS FORM)